

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SAN BERNARDINO PUBLIC EMPLOYEE'S ASSOCIATION POLITICAL ACTION COMMITTEE			Date of This Filing 10/20/2010	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 822188		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN BERNARDINO	STATE CA	ZIP CODE 92410	No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SAN BERNARDINO PUBLIC EMPLOYEE'S ASSOCIATION POLITICAL ACTION COMMITTEE			Date of This Filing <u>10/20/2010</u> Report No. <u>1</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 822188				
STREET ADDRESS					
CITY SAN BERNARDINO	STATE CA	ZIP CODE 92410			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/19/2010	Committee to Elect Gardner to Council Redlands, CA 92374 ID# 1332681	Bob Gardner City Council Member Jurisdiction: Other Redlands	\$1,500.00	
10/19/2010	Dennis DeHay for Hesperia City Council Hesperia, CA 92345 ID# 1332972	Dennis DeHay City Council Member Jurisdiction: Other Hesperia	\$2,500.00	
10/19/2010	Jim W. Bowman for Council 2010 Ontario, CA 91761 ID# 1285919	Jim W. Bowman City Council Member Jurisdiction: Other Ontario	\$2,000.00	
10/19/2010	Josie Gonzales for Supervisor 2012 Rancho Santa Margarita, CA 92688 ID# 1260828	Josie Gonzales County Supervisor District 5 Jurisdiction: Other San Bernardino County	\$5,000.00	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SAN BERNARDINO PUBLIC EMPLOYEE'S ASSOCIATION POLITICAL ACTION COMMITTEE			Date of This Filing 10/20/2010	Date Stamp Page 3 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 822188		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN BERNARDINO	STATE CA	ZIP CODE 92410	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/19/2010	PAUL LEON FOR MAYOR ONTARIO, CA 91762 ID# 1275013	PAUL LEON Mayor Jurisdiction: Other ONTARIO	\$1,000.00	
10/19/2010	Torlakson for State Superintendent of Public Instruction Laguna Beach, CA 92651 ID# 1282317	Torlakson Superintendent of Public Instruction Jurisdiction: Statewide	\$6,500.00	11/02/2010

Reason for Amendment: